

CLIENT SATISFACTION SURVEY

Rev. 2011

AGENCY NAME _____

1. Circle your age group	10-14	15-17	18-19	20 & Older		
2. Was this your first visit to this clinic?					Y	N
3. Did clinic staff tell you that reduced fees were available?					Y	N
4. Do you think the cost of services was fair?					Y	N
5. Were all your questions answered adequately?					Y	N
6. Do you plan to continue to use this clinic for services?					Y	N
7. How did you find out about this clinic?						
8. What other services would you like to have available at this clinic?						
COMMENTS:						